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# Commentary

» CONTINUED FROM PAGE 58 per, lacquer and hardware. What it amounts to is endless hours of enjoyment and a pretty decent cardiovascular workout. We may even end up with a decent piece of furniture in the end. Try getting all of that out of a trip to your local furniture store.

The rewards: Since I started adhering to my new plan, I've seen some actual progress in deflating the debt. For the first three years after graduation, watching my best efforts at repayment barely cover compound interest was disheartening. Now I get to watch the actual balance decrease with every payment. A \$2,000-3,000 payment, while painful, really makes a difference, although not as appreciable as I would always like. To make things a bit less daunting, I'm breaking down the debt into realistically attainable increments of \$10,000 apiece. The day I saw the balance drop below the \$90,000 mark was a good day indeed, and several beers were consumed. Now I just need to repeat that nine more times.

One great thing about making big payments is that I never worry about when I have to make the next one; the direct loan center advances the next payment due date when you overpay. This gives me the freedom, if I choose, to save a little more so that I can make a bigger payment every two months. The may sound silly, but it works for me psychologically. For example: if I pay \$3,000 one month, well, that's good progress.

However, if I wait another month to make the payment, I can send \$5,000. To me, clicking the "make payment" button at \$3,000 and \$5,000 are equally as distressing, but watching the balance drop by \$5,000 is infinitely more rewarding than a \$3,000 drop. I often shout things such as "Take that!" while clicking the payment button, just to make things a little more fun. Perhaps next month I'll don a warrior costume and plastic sword when it's time to make the next big blow.

It's going to be a long and difficult road to stay on, but I'm keeping my eye on the prize—that day, hopefully not too far off, when my student-debt Goliath will fall. When I leave that mess of student debt behind me, I'll look ahead to a brighter financial future.

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# Opinion/Analysis

# Letters Editor

### Letters should be addressed

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exceed 500 words and will be edited
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# Veterinarians need to partner with low-cost clinics to support pet health

egarding "A call to protest: Veterinarians converge on Mississippi shelter to address competitive pressures" (February 2012): Low-cost spay-neuter clinics help prevent companion animal overpopulation, thereby checking shelter intake rates and reducing the millions of dogs and cats euthanized in shelters each year.

During the Gulf Coast recovery effort it was noted that sterilization rates in Mississippi (51 percent of dogs, 77 percent of cats) are much lower than the national averages (70 percent of dogs, 84 percent of cats; see www.humanesociety.org/gulfcoastphaselreport). In fact, at a community outreach event aimed at low-income

residents in Hattiesburg in November 2010, 282 pets were served and 76 percent of them were unsterilized. The Southern Pines Shelter serves 14 counties, including Hattiesburg's Forrest County. Since opening its spay-neuter clinic, it has reduced shelter intake from 10,000 animals a year to 7,000 and doubled its live release rate from 25 percent to 50 percent or higher.

For many pet owners, accessing routine veterinary care is not a realistic option. Even low-cost services may be out of reach for U.S. families living in poverty—a whopping one in six households. As Humane Alliance, the Pets for Life program of the Humane Society of the United States, and others have demonstrated, many people using these clinics have never before sought medical care for their pets; the clinics are their entry point into the veterinary healthcare



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system (see www.humanesociety. org/news/press\_releases/2012/01/pfl\_report\_012712.html). Means-tested access is an additional barrier to serving this clientele. And in tough economic times, income verification will not reveal the private hardships facing families—even middle-income ones—seeking pet healthcare while trying to make ends meet. It is critical to offer accessible, affordable services to improve community animal health and drive down rates of animal homelessness and suffering.

The veterinary marketplace should not be viewed through a lens of scarcity because the pet-owning population continues to grow. Every person adopting an animal from a shelter is a potential new veterinary client, and every shelter animal being adopted is a potential new veterinary patient. Framing economic issues as a competition between private veterinarians and animal protection organizations is not helpful. A partnership model from within which private veterinarians and animal organizations campaign together—against shelter euthanasia and for improved animal care—is far more effective.

Sterilization surgeries are one-time procedures. However, optimal patient care extends beyond sterilization to include wellness screening, client education and long-term relationship-building to achieve compliance—and retain business. Private practitioners can distinguish themselves from low-cost clinics by adding value along with offering comprehensive services.

Practitioners can also do well—perhaps even do better financially, because they "do good" for community animals. Many of these do-gooder prac-

tices have discovered that clients who can afford full-priced services seek them out and remain loyal customers because they enjoy the dual benefit of obtaining healthcare for their own pets and knowing their expenditures support a good cause.

We encourage veterinary professionals to work collaboratively with other animal service providers, including shelters, viewing these stakeholders as partners working side-by-side to improve animal health and well-being. By applying their scientific knowledge, business acumen and communication skills—along with their compassion—they can identify winning practice strategies and attain professional and personal satisfactions as well.

— BARBARA HODGES, DVM, MBA HUMANE SOCIETY VETERINARY MEDICAL ASSOCIATION (HSVMA), DAVIS, CALIF.

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